



# CPTMP Certification Proctor Fee Reimbursement Request

**Directions:** The Florida Department of Health pays all certification fees directly to the FCB on behalf of eligible Child Protection Team Medical Provider applicants. The only fee that cannot be direct billed is the \$30 proctoring fee that is paid by each test candidate directly to the test center.

For reimbursement of the test site proctoring fee, please complete this form, attach the receipt for the proctoring fee, and submit all information to the FCB via any of the following methods:

- Email: [amoore@flcertificationboard.org](mailto:amoore@flcertificationboard.org) with the subject line *CPTMP Proctor Fee Reimbursement Request*
- Fax: 850-222-6247 to the attention of Auna Moore with the subject line *CPTMP Proctor Fee Reimbursement Request*
- Mail: FCB ♦ Certification Operations ♦ 1715 South Gadsden Street ♦ Tallahassee, FL 32301

FCB will reimburse the fee directly to you via check within 30-days of receipt of a complete and approved request. If you have any questions, please contact the FCB at 850-222-6314 and ask to speak with Auna Moore, Certification Operations Manager.

<b>Part 1: Contact Information.</b>		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Full Name (as stated on your official, government issued identification)</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Mailing Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span style="width: 30%;">City</span> <span style="width: 30%;">State</span> <span style="width: 30%;">Zip code</span> </div>		
<i>For FCB Use Only: Account Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
<b>Part 2: Amount Due</b>		
<p>I am requesting reimbursement in the amount of _____ for the proctor fee I paid directly to the test site when I sat for the CPTMP examination.</p> <p>I have attached supporting documentation as proof of payment.</p> <p>I understand the FCB issues refunds within 30 days of receipt of this request and supporting documentation. The reimbursement check will be issued in my name and sent to the address I listed above.</p>		
<div style="border-top: 1px solid black; margin-top: 20px;">Signature <small>(FCB accepts both manual and electronic signatures)</small></div>	<div style="border-top: 1px solid black; margin-top: 20px;">Date</div>	